

UNITED STATES HOUSE OF REPRESENTATIVES

ETHICS IN GOVERNMENT ACT

2017 FINANCIAL DISCLOSURE STATEMENT - FORM A

Please provide the following information. Your address and signature WILL NOT be made available to the public.

Marilyn Scott Miller

(Print Full Name)

224-1097

(Daytime Telephone)

234e2A RmB, Washington, DC 20515

(Complete Address - Office or Home)

Filer Status:

Member Officer or Employee

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The attached Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Ethics or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file, the attached report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. §§ 101-111) and 18 U.S.C. § 1001.

Certification	Signature of Reporting Individual	Date
I CERTIFY that the statements I have made on the attached financial disclosure statement and all attached schedules are true, complete, and correct to the best of my knowledge and belief.	<u>Marilyn Scott Miller</u>	<u>5-15-18</u>

Members must file a signed original and two photocopies thereof.
Officers and Employees must file a signed original and one photocopy thereof.

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW

Certification	Signature of Certifying Official	Date
It is my opinion, based on the information contained in this Financial Disclosure Statement, that the reporting individual is in compliance with title I of the Ethics in Government Act (5 U.S.C. app. §§ 101-111).		

UNITED STATES HOUSE OF REPRESENTATIVES**2017 FINANCIAL DISCLOSURE STATEMENT****Form A**

For Use by Members, Officers, and Employees

(Office Use Only)

Name: Pamilyn Scott Miller Daytime Telephone: 224-1097

FILER STATUS	<input type="checkbox"/> Member of the U.S. House of Representatives	State: _____	Officer or Employee <input checked="" type="checkbox"/> Appropriations Committee	Employing Office: _____	Staff Filer Type: (If Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
REPORT TYPE	<input checked="" type="checkbox"/> 2017 Annual (Due: May 15, 2018)		<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:	a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION – ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No Yes No Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Darlynn S. Miller**

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BLOCK A										BLOCK B										BLOCK C										BLOCK D										BLOCK E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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<p>Identify (i) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (ii) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.</p> <p>(Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For rental and other real property held for investment, provide a complete address or description, e.g., “rental property”, and a city and state.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residences, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a pension, retirement program, including the Thrift Savings Plan.</p> <p>If you report a privately-traded fund that is an Excepted Investment Fund, please check the “EIF” box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.</p> <p>For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																				<p>Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.”</p> <p>“Column M is for assets held by your spouse or dependent child in which you have no interest.”</p>										<p>Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” for assets held in tax-exempt accounts. Check “None” if the asset generated no income during the reporting period.</p>										<p>For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the asset held: dividends, interest, and capital gains; even if reinvested, must be disclosed as income for assets held in taxable exchanges (EI) or sales (SI), or purchases (PI). If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceed \$1,000.</p>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Pamilyn S. Miller

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Use additional sheets if more space is required

Instructions for Part 2

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Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Page Number

Filer's Name
Marilyn S. Miller - Ameriprise Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	BROOKFIELD ASSET MANAGEMENT INC VOTING SHS CL A	N/A	\$15,001 - \$50,000	Dividends	\$201 - \$1,000
2.	COLUMBIA GLOBAL INFRA CL C	Y	\$1,001 - \$15,000	Dividends and Long Term Capital Gains	\$201 - \$1,000
3.	FIDELITY ADVISOR NEW INSIGHTS CL A	Y	\$1,001 - \$15,000	Dividends and Long Term Capital Gains	\$201 - \$1,000
4.	FRANKLIN MUTUAL GLOBAL DISCOVERY CL A	Y	\$1,001 - \$15,000	Dividends, Short & Long Term Cap Gns	\$201 - \$1,000
5.	HOWARD HUGHES CORP	N/A	\$1,001 - \$15,000	None (or less than \$201)	
6.	IVV WORLDWIDE CL A	Y	\$15,001 - \$50,000	Dividends, Short & Long Term Cap Gns	\$1,001 - \$2,500
7.	KINETICS GLOBAL CL C	Y	\$1,001 - \$15,000	None (or less than \$201)	
8.	KINETICS PARADIGM CL C	Y	\$15,001 - \$50,000	None (or less than \$201)	
9.	LIBERTY BROADBAND CORP SER C	N/A	\$1,001 - \$15,000	None (or less than \$201)	
10.	LIBERTY GLOBAL PLC CL A	N/A	\$1,001 - \$15,000	None (or less than \$201)	
11.	LIBERTY LATIN AMERICA (NAME CHANGE FROM LIBERTY GLOBAL PLC LILAC SHARES CL A)	N/A	None (or less than \$1,001)	None (or less than \$201)	
12.	LIBERTY MEDIA CORP DEL SER A SIRIUSXM GROUP	N/A	\$1,001 - \$15,000	None (or less than \$201)	
13.	LIBERTY MEDIA CORP DEL SER C SIRIUSXM GROUP	N/A	\$1,001 - \$15,000	None (or less than \$201)	
14.	LIBERTY MEDIA CORP SER A BRAVES GROUP	N/A	None (or less than \$1,001)	None (or less than \$201)	
15.	LIBERTY MEDIA CORP SER C BRAVES GROUP	N/A	None (or less than \$1,001)	None (or less than \$201)	
16.	LIONS GATE ENTERTAINMENT CORP CL B NON VOTING	N/A	\$1,001 - \$15,000	None (or less than \$201)	
17.	MATTHEWS ASIA GROWTH & INCOME INVESTOR CL	Y	\$1,001 - \$15,000	Dividends and Long Term Capital Gains	\$201 - \$1,000
18.	NEUBERGER BERMAN LONG SHORT CL A	Y	\$15,001 - \$50,000	None (or less than \$201)	
19.	OAKMARK EQUITY & INCOME INVESTOR CL	Y	\$15,001 - \$50,000	Dividends, Short & Long Term Cap Gns	\$1,001 - \$2,500

See top of page 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name

Page Number

Kamila S. Miller Ameriprise Accounts (cont.)

Part 2: Filer's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount	Page Number
1.	ROYCE GLOBAL FINL SERVICES SERVICE CL	N	\$1,001 - \$15,000	Dividends and Long Term Capital Gains	\$201 - \$1,000	
2.	SOURCE CAPITAL	Y	\$1,001 - \$15,000	Dividends	\$201 - \$1,000	
3.	TETON WESTWOOD MIGHTY MITES CLA	Y	\$1,001 - \$15,000	Long term capital gains	\$201 - \$1,000	
4.	TEXAS PACIFIC LAND TRUST SUBSHARES CTF PROPRIETARY UNIT	N/A	\$15,001 - \$50,000		None (or less than \$201)	
5.	THIRD AVENUE FOCUSED CREDIT INSTL CL	Y	None (or less than \$1,001)	Dividends	\$201 - \$1,000	
6.	THIRD AVENUE VALUE INSTL CL	Y	\$15,001 - \$50,000	Dividend, Short & Long Term Cap Gns	\$1,001 - \$2,500	
7.	VIRTUS WEALTH MASTERS CLA	Y	\$15,001 - \$50,000	Short & Long Term Cap Gns	\$201 - \$1,000	
8.	WALT DISNEY CO	N/A	\$1,001 - \$15,000		None (or less than \$201)	
9.	COLUMBIA ACORN EMERGING MARKETS	Y			None (or less than \$201)	
10.	OAKMARK GLOBAL SELECT	Y	\$1,001 - \$15,000	Dividends and Long Term Capital Gains	\$201 - \$1,000	
11.	RIVERSOURCE RAVA'S VARIABLE ANNUITY (SUBACCOUNT HOLDINGS BELOW)					
12.	COLUMBIA VP U.S. EQUITIES FUND CL 2	Y	\$1,001 - \$15,000		None (or less than \$201)	
13.	FTVIPT MUTUAL SHARES VIP FD CL 2	Y	\$1,001 - \$15,000		None (or less than \$201)	
14.	IVY FUNDS VIP ASSET STRATEGY	Y	\$1,001 - \$15,000		None (or less than \$201)	
15.	PIMCO VIT ALL ASSET PORT ADVISOR CL	Y	\$1,001 - \$15,000		None (or less than \$201)	
16.	VP COLUMBIA WANGER INT'L EQUITIES FD CL 2	Y	\$1,001 - \$15,000		None (or less than \$201)	
7.						
8.	FUNDAMENTAL INVESTORS CL 529 A	Y	\$15,001 - \$50,000	Dividends and Long Term Capital Gains	\$201 - \$1,000	

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SCHEDULE B – TRANSACTIONS

Name: Pamilyn S. Miller

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exchange transactions between you, your spouse, or dependent children, or the purchases or sales of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

Type of Transaction	Amount of Transaction										
	A	B	C	D	E	F	G	H	I	J	
Purchase											
Sale											
Partial Sale											
Exchange											
Check Box if Capital Gains Exceeded \$200											
Date (Mo/Da/YR) or Quantity, Monthly, or Bi- weekly, if applicable	A	B	C	D	E	F	G	H	I	K	
3/01/17	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,002,000* (Spouse/DC Asset)

Use additional sheets if more space is required.

Instructions for Part 7

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Note: This is a public form. Do not include account numbers, street addresses, or family member names. See Instructions for required information.

Filer's Name

Pamela S. Miller Ameriprise Accounts

Part 7: Transactions

#	Description	Type	Date	Amount
1.	TETON WESTWOOD MIGHTY MITES (EIP)	purchase	Multiple: 1/3/17, 2/1/17; 3/1/17, 4/3/17	\$1,001 - \$15,000
2.	SOURCE CAPITAL INC (EIF)	purchase	1/19/17	
3.	WESTERN ASSET MANAGED MUNI	sale	1/19/17	\$1,001 - \$15,000
4.	TEXAS PACIFIC LAND TRUST	purchase	Multiple: 4/18/17, 7/14/17, 8/25/17	\$1,001 - \$15,000
5.	LIBERTY GLOBAL	purchase	7/14/17	\$1,001 - \$15,000
5.	COLUMBIA ACORN EMERGING MARKETS (EIF)	purchase	7/14/17	\$1,001 - \$15,000
7.	ROYCE DIVIDEND VALUE	sale	7/14/17	\$15,001 - \$50,000
3.	VIRTUS WEALTH MASTERS	sale	8/25/17	\$1,001 - \$15,000
3.	HOWARD HUGHES CORP	purchase	12/19/17	\$1,001 - \$15,000
10.	LIBERTY FORMULA ONE SER C (FWONK)	sale	12/19/17	\$1,001 - \$15,000
11.	FRANKLIN MUTUAL GLOBAL DISCOVERY	sale	12/19/17	\$1,001 - \$15,000
12.	OAKMARK GLOBAL SELECT (EIF)	purchase	7/14/17	\$1,001 - \$15,000
13.	ROYCE INTERNATIONAL PREMIER	sale	7/14/17	\$1,001 - \$15,000
4.	GABELLI FOCUS FIVE	sale	7/17/17	\$1,001 - \$15,000
5.	MERGER: LIBERTY FORMULA ONE SER C (FWONK) FROM LIBERTY MEDIA CO		7/19/17	\$1,001 - \$15,000
6.	MERGER: LIBERTY MEDIA CORP (LIBERTY FORMULA ONE (FWONA) FROM LIBERTY MEDIA CO		7/19/17	\$1,001 - \$15,000
7.				
8.				

SCHEDULE C – EARNED INCOME

Name: Pamela S. Miller Page 8 of 8

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Karen Stoll	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$18,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

For the Right Strategy, Inc.

Spouse salary N/A